

Silk Healthcare Limited

Mapplewell Manor

Inspection report

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South Yorkshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Care service description

Mapplewell Manor is a care home which is registered to provide accommodation and personal care for up to 87 people, who may have dementia care needs. The home is purpose built over three floors. The top floor houses a unit for older people who are living with dementia

Rating at last inspection

At the last inspection the service was rated Good.

Rating at this inspection

At this inspection we found the service remained Good

Why the service is rated Good

There was a strong and visible person centred culture at the home. Staff described working as one big team and being committed to providing care and support to people that was centred on their individual needs. The environment was lively, vibrant, welcoming and inclusive. There were systems in place to continuously assess and monitor the quality of the service, with a strong emphasis on promoting and sustaining improvements.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Mapplewell Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 19 December 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience had experience in caring for older people and people living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We reviewed information sent to us, for example, notifications from the service and the local authority contract monitoring report. We also contacted people who had an interest in the service, for example the local authority safeguarding team. This information was reviewed and used to assist with our inspection.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Throughout the inspection we also spent time in the communal areas of the home observing how staff interacted with people and supported them.

We spoke with 10 people who used the service, 12 of their relatives, the registered manager, the regional manager, and 10 staff members including unit managers, care workers, domestic assistants and the activity co-ordinator. We also spoke with one healthcare professional who visited the service during the day. We looked at four care plans, four staff files and records associated with the monitoring of the service.

Is the service safe?

Our findings

Without exception people who used the service and their relatives told us they or their family member felt safe living in the home. Their comments included, "It's a lovely home. It's my home. I feel safe here because I have freedom to go about independently and staff will always help me," "We're happy with the care given here and feel [relative] is safe because of the environment and equipment they have. We are confident our [relative] will not come to harm because of the excellent carers" and "The staff give me confidence to think that [relative] is safe. Nothing is too much trouble; they have a lot of work on and work very hard."

People were safe because systems were in place to reduce the risk of harm and potential abuse. All staff had received up to date safeguarding training and had a good understanding of the procedures to follow if they had any concerns. Care plans and risk assessments were in place which provided guidance to staff so that care and support was provided to people in a consistent and positive way.

A robust recruitment and selection process was in place that ensured staff employed had the right skills to support people who used the service. People who used the service, their relatives, staff and a visiting healthcare professional all told us they had no concerns about the staffing levels at the home. We observed there were plenty of staff visible throughout the home and if anyone called for help or used their call button they were attended to immediately. Staff rota's confirmed there was consistently enough staff on duty to meet people's needs and promote their well-being.

We found there were safe arrangements in place for managing people's medicines. We saw staff supported people to take their medicines appropriately and explained to them what medicine they were taking and why. Monthly medicine audits were completed by senior staff and staff also checked Medication Administration Charts (MAR) daily so that any errors or omissions could be dealt with immediately. The MAR sheets were in good order and clearly recorded when medicines had been administered or the reason they were not administered. Medicines were kept in treatment rooms on each floor, which were all, kept safely locked and were very well organised.

Where accidents or incidents had occurred, detailed information had been recorded by staff and reviewed by the registered manager to ensure appropriate action had been taken.

The home was very clean and decorated to a high standard throughout and we saw cleaners were working throughout the day of the inspection. One person said, "I'm very happy with how clean it is, look how many cleaners are working now." Another person said, "It's always clean here and never smells."

Is the service effective?

Our findings

People who used the service and their relatives told us they received effective care from skilled and knowledgeable staff. Their comments included, "I would give five out of five to staff because they worked so hard with [relative] when they first arrived. [Relative] was losing weight and would forget to eat but they're back to how they were and staff ensure they remain well now" and "Good quality staff because of the level of attention they give to residents and how quickly they spot any issues with my relative. If they have any issues between visits they always ring me and discuss it over the phone. They are very aware of my relative's different moods and can spot when they are worried or withdrawing and help them to overcome this."

The registered manager told us they had recently employed a new chef who was meeting with people who used the service to gain their views and preferences about the meals. People spoke positively about the meals provided. Their comments included, "[Name] knows what they like and gets what they ask for. There's plenty of choice and it's always good. The food in the [café] is equally good so [name] is eating well" "It's not what you'd have in a restaurant but adequate, there's three choices and if you don't like any of those they'd bring you something else, you wouldn't go hungry" and "It's like a five star hotel, fabulous I couldn't hope for better."

We saw the majority of people enjoyed a positive dining experience, although one person was seen to need more support from staff. When we looked at the person's care plan we saw information about how the person was fiercely independent and did not want staff to assist them with their meals or personal care. The information in the person's care plan was very detailed in regard to this. We had discussions with the registered manager and staff about how further support could be provided to the person in such a way that the person could maintain their independence, for example the use of specialist eating equipment.

People's care plans showed their day to day health needs were being met. People had access to healthcare professionals who visited the home and held surgeries on a daily basis. One visiting healthcare professional told us, "I have no concerns about the quality of care provided here and neither do my colleagues. The staff are really good at communicating with us and together we provide good quality care to people."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS and could describe what these meant in practice. For example, where a person lacked capacity to make a decision due to their dementia staff showed them pictures to assist with their understanding. We saw examples where the best interest decision making process under the MCA had been followed.

The provider had a comprehensive training programme in place. Staff told us they had been provided with invaluable which had included mandatory subjects and also in addition they had completed training in end of life care, dementia, diabetes and other specialised topics. We checked that staff were receiving supervision and appraisal and found they were. Staff told us they felt well supported by the registered manager and other senior staff.

Is the service caring?

Our findings

People and their relatives told us staff were very caring. People used words like, "Approachable", "Likeable" and "Stable" to describe staff. Their comments included, "It's lovely here they treat me well," "They give [name] cuddles, talk to her, I go away with complete peace of mind. I have no indication that [name] is not treated well. I'm sure they would tell us if not," "They always knock at my door even if it's open" and " We cannot fault the staff, if I could bottle the atmosphere here and sell it around I would."

Staff spoken with were able to describe to us how they met the individual needs of people with varying abilities, for example relating to individual spiritual support, dietary requirements and personal care. One relative told us their family member was able to attend a church service once a month which they thoroughly enjoyed as they had been unable to attend when living in their own home.

People and their relatives told us they were involved in making decisions about their or their family members care. They told us they were aware of their care plans and had input into their reviews.

People told us staff respected their privacy and dignity. Our observations during the inspection confirmed this. Staff were respectful when talking with people calling them by their preferred name. We saw staff knocking on doors and waiting before entering. We also saw people being supported to move to a private area if they required any assistance with their personal care.

During our SOFI observation we saw staff were highly motivated and were observed interacting with people in a friendly and respectful manner. Relatives told us they were welcomed and made to feel comfortable. There was a lively and energetic atmosphere at the home and staff were including people in the plans and preparation for Christmas.

Relatives were very complimentary about the way staff involved them and kept them informed about their family member. One relative told us when staff had identified a health problem and the GP had been contacted, they were kept well informed so they could be in attendance when the GP visited.

The registered manager and staff had a strong commitment to supporting people and their relatives before and after death. We saw people had end of life (EOL) care plans in place and we saw next of kin had been involved and consulted with these where appropriate. The EOL plans clearly stated how people wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were completed and where people lacked capacity to make this decision a mental capacity assessment and best interest decision, had been made by the appropriate people. We saw a thank you card on display from relatives who said they had been overwhelmed by the number of staff and residents who had paid their respects at their relative's funeral following their death.

Is the service responsive?

Our findings

People who used the service and their relatives told us they had been involved in compiling their care plans and any subsequent reviews of their plans. A relative told us how the staff had asked them to review their family member's care plan with them after changes needed to be made due to a change in their health. Another relative told us, "The staff are very good at responding, we found [relatives] toe nail had broken right down the nail and the staff put it in the care notes so the carers that get her dressed didn't catch it when they were putting their socks on and they made sure the chiropodist saw them."

Care plans seen confirmed that people were assessed by the registered manager prior to being offered a place at the home. Following this initial assessment care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. Care plans ensured staff knew how to manage specific health conditions.

We found there was a full programme of activities available for people to participate in if they chose. Information around the home showed people had enjoyed taking part in a wide variety of activities including, pamper and massage sessions, table -top games, manicures and reminiscence, pet therapy, poetry group and themed meals. People told us, "I'm limited as to what I can do but I look forward to the library visit when I can choose books" and "There is a full spectrum of activities available." A relative told us, "The care staff know what [relative] likes so they will take them down for their favourites" I'm also quite pleased that staff have worked out that [relative] follows their faith and they read a prayer with them every night, which isn't easy when you are trying to get 30 people to bed around the same time but they still find time to do this."

We found concerns and complaints were taken seriously, explored and responded to in good time. People and relatives told us they were able to discuss any worries or concerns they had with either the registered manager or any of the staff. People told us, "If I had any concerns at all I would have no hesitation in knocking on the manager's door and being welcomed. Any worries at all I see the staff and I'm happy to approach them because they will have time for me" and "If I had any complaints the staff would listen to me. If they can do anything at all for me they will."

Is the service well-led?

Our findings

The registered manager had been in post since the home opened in April 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our observations and discussions with staff, people who used the service and relatives found that everyone was fully supportive of the registered manager. People told us the atmosphere and culture of the home was, "Friendly" "Vibrant" and "Committed." One relative told us, "All the staff are great and the manager is brilliant."

Staff told us the registered manager and other senior managers inspired confidence and led by example. Staff spoke consistently about the service being a good place to work. Their comments included, "We are encouraged to do a good job and develop our roles by the manager. She is very supportive" and "She is really dedicated to this home and gives 110 per cent."

The registered manager continually sought feedback about the service through surveys, meetings and reviews, involving other professionals, relatives and people who used the service. Regular audits and quality assurance checks were completed covering all aspects of the service, for example, care plans, medicines, complaints and health and safety. Documentation showed the management team took steps to learn from events such as accidents and incidents and put measures in place so that they were less likely to happen again.

There were planned and regular checks completed by the registered manager and senior staff to check the quality of the service provided. The checks completed at the service included: medication audits, infection control and care plan audits. These checks were used to identify action to continuously improve the service. Our findings during the inspection showed the audits were effective in practice to maintain a good quality service.